PTO/SB/06 (05-03)
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Fix Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. AFFEICATION FEE DETERMINATION RECORD Application or Docket 10/730,734 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) **NUMBER FILED FOR NUMBER EXTRA RATE** FEE **RATE** FEE BASIC FEE OR 375 \$ (37 CFR 1.16(a)) TOTALCLAIMS minus 20 = 9\_ 0 OR (37 CFR 1.16(c)) INDEPENDENTCLAIMS OR minus 3 = 42 = 0 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 = 0 OR \$375 OR **TOTAL TOTAL** If the difference in column 1 is less then zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OTHER THAN **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT** TIONAL RATE TIONAL **RATE AFTER** PREVIOUSLY **EXTRA** FEE FEE **AMENDMENT** PAID FOR Total 19 21 Minus 0 0 OR (37 CFR 1.16(c)) Independent ÷ . 5 4 1 43 = 43 OR Minus (37 CFR 1.16(b)) FIRST PRESENTATIONOF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL OR \$43 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-**AMENDMENTB** REMAINING NUMBER PRESENT TIONAL **RATE** TIONAL **RATE AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total Minus \_ 0 0 OR x \$ (37 CFR 1.16(c)) Independent \*\*\* 0 0 OR 42 Minus (37 CFR 1:16(b)) FIRST PRESENTATIONOF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 = 0 OR TOTAL TOTAL \$0 OR ADDIT. FEE (Column 1) ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT TIONAL **RATE** TIONAL RATE PREVIOUSLY AFTER **EXTRA** FEE FEE **AMENDMENT PAID FOR** Total Minus 0 0 OR x \$ (37 CFR 1.16(c)) Independent 0 42 \_ 0 OR Minus (37 CFR 1.16(b)) FIRST PRESENTATIONOF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 = OR TOTAL TOTAL \$0 OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".